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Title of Invention	Email Address Identifier Software, Method, and System								
First Named Applicant :	Mr. Kenneth A Glidden								
Attorney Docket Number :	04-0041								
<p>We hereby appoint the registered practitioner(s) at Customer Number:</p> <p>30550</p> 									
<p>as attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>We are the Applicants/Inventors.</p> <p>Full Names of Applicants of Record:</p> <table border="1"><tr><td colspan="2">Mr. Andrew Paulsen</td></tr><tr><td>Signature: William Keyworth</td><td>Date: 2004-07-03</td></tr><tr><td colspan="2">Mr. Kenneth A. Glidden</td></tr><tr><td>Signature: William Keyworth</td><td>Date: 2004-07-03</td></tr></table>		Mr. Andrew Paulsen		Signature: William Keyworth	Date: 2004-07-03	Mr. Kenneth A. Glidden		Signature: William Keyworth	Date: 2004-07-03
Mr. Andrew Paulsen									
Signature: William Keyworth	Date: 2004-07-03								
Mr. Kenneth A. Glidden									
Signature: William Keyworth	Date: 2004-07-03								

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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number

Filing Date

First Named Inventor

Kenneth A. Glidden

Title

Email Address Identifier Software, Method, and System

Art Unit

Examiner Name

Attorney Docket Number

04-0041

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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OR

☐ Practitioner(s) named below:

Name	Registration Number

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Bill & Mary Lou Inc.

Address

101 Lombard Street #510W

Address

City

San Francisco

State

CA

Zip

94111

Country

Telephone

415-397-8056

Fax

415-397-6056

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Kenneth A. Glidden

Signature *K.A. Glidden*

Date 6-26-2004

Telephone 617-325-6888

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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OR

<input type="checkbox"/>	Firm or Individual Name	Bill & Mary Lou Inc.				
	Address	101 Lombard Street #510W				
	Address					
	City	San Francisco	State	CA	Zip	94111
	Country					
	Telephone	415-397-8056	Fax	415-397-6056		

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Andrew Paulsen		
Signature			
Date	10-16-2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



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